

STATE OF ALABAMA  
DEPARTMENT OF MENTAL HEALTH

RSA UNION BUILDING  
100 N. UNION STREET  
POST OFFICE BOX 301410  
MONTGOMERY, ALABAMA 36130-1410  
[www.mh.alabama.gov](http://www.mh.alabama.gov)

August 11, 2020

RFP #2021-11

Dear Vendor:

The Alabama Department of Mental Health (ADMH) is soliciting proposals to provide evaluation services of the Community Waiver Program (CWP) in the five designated pilot geographic areas of Region I (Madison, Morgan, Limestone), Region II (Tuscaloosa, Walker), Region III (Mobile, Baldwin), Region IV (Montgomery, Elmore, Houston, Geneva), and Region V (Jefferson). Request for Proposals (RFP) will be accepted until **12:00 pm on Monday, September 14, 2020.**

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected vendor shall not begin performing work under this contract until notified to do so by the departmental contracting agent. When submitting a proposal, please read the entire RFP document and return your proposal in the requested format. All proposals should be submitted in ink or typed and contain an original signature.

Submissions should be delivered to:

AL Department of Mental Health  
Office of Contracts & Purchasing  
100 North Union Street, Suite 570  
Montgomery, AL 36104

**MAILING NOTE:** Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

Sincerely,

*Cedric Harrison*

Cedric Harrison, Purchasing Director  
Office of Contracts & Purchasing

**Organization:** ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH)

**RFP Closing Time & Date:** **Monday, September 14, 2020 at 12:00 pm**  
**Review the mailing note.**

**RFP Contact Info:** Leola Rogers  
ADMH  
Office of Contracts & Purchasing  
RSA Union Building  
100 North Union Street, Suite 570  
Montgomery, AL 36104  
Telephone Number (334) 353-7440  
Email: [leola.rogers@mh.alabama.gov](mailto:leola.rogers@mh.alabama.gov)

**MAILING NOTE:**

Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

**ADDITIONAL INFORMATION**

1. Who **may** respond to this RFP? Eligible entities may include governmental agencies, non-governmental public or private organizations and individuals who: 1) are legally authorized to conduct business within the State of Alabama; 2) possess a high degree of professional skill in the area of service described in this document to include: principal investigator has minimum of PhD in relevant field and five (5) years' experience with application design, development, and implementation of Medicaid program evaluation of similar size, scope, and complexity; 3) possess the skills needed to perform the services described in this RFP; and, 4) meet the terms and conditions of the RFP. In addition, applicants must demonstrate the ability to manage Department funds in accordance with Federal and State regulations and guidelines.
2. Who **may not** respond to this RFP? Employees of ADMH, current state employees, and vendors who do not meet the requirements outlined in 1. above. Any organization or agency providing services or otherwise having a direct role in implementation of the Community Waiver Program.
3. In order to transact business in the State of Alabama all businesses **domestic** and **foreign** must be registered with the Alabama Secretary of State Office. (**Domestic** means within the State of Alabama. **Foreign** means out-of-state.) **Website:** [www.sos.alabama.gov](http://www.sos.alabama.gov)
4. If contracted with the State of Alabama, all vendors must enroll **and** actively participate in E-Verify. **Website:** <https://www.e-verify.gov/>

5. All vendors must register with STAARS Vendor Self Service.

**Website:** <https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService>

6. The Department of Mental Health reserves the right to reject any and all proposals if RFP instructions are not adhered to, such as: received after deadline (see mailing note), requested # of submissions not received.

### **Mission**

Serve • Empower • Support

### **Vision**

Promoting the health and well-being of Alabamians with mental illnesses, developmental disabilities and substance use disorders.

### **Values**

Core values are the basis on which the members of Alabama Department of Mental Health staff make decisions, plan strategy, and interact with each other and those we serve.

- Honesty
- Respect
- Selflessness
- Communication
- Dedication
- Integrity
- Collaboration

The Alabama Department of Mental Health (ADMH), Division of Developmental Disabilities (DDD) is soliciting proposals for external evaluation for a Medicaid Section 1115 Demonstration Waiver (called the Community Waiver Program (CWP)).

## **SECTION I**

### **QUALIFICATIONS:**

#### **A. Vendor Minimum Qualifications:**

- A Principal Investigator shall be identified and must possess a Ph.D. from an accredited institution in Public Health, Special Education, Social Work, Business Administration, Public Administration, Psychology, or another Human Services field.
- Principal Investigator shall have five (5) years or more experience with application design, development, and implementation of Medicaid program evaluation of similar size, scope, and complexity.
- Must maintain an adequate number of qualified personnel to carry out the duties specified in the RFP.
- Must provide adequate supervision to all personnel working under the RFP.

#### **B. Preferred Vendor Qualifications:**

- Principal Investigator with five (5) years or more experience with application design, development, and implementation of Medicaid program evaluation specific to intellectual and developmental disability long-term care population.
- Applicant experience specific to Medicaid Home and Community-Based Waiver program evaluations.
- Experience with design and implementation of 1115 demonstration waiver evaluations.

## **SECTION II. SCOPE OF WORK**

The Alabama Medicaid Agency (Alabama Medicaid), working closely with the Alabama Department of Mental Health (ADMH) and its Division of Developmental Disabilities (DDD), proposes, to create a new home and community-based services (HCBS) program serving individuals with intellectual disabilities (ID) in a way that is specifically geared toward maximizing the capabilities of Alabamians with ID, supporting their full participation in their communities including opportunities for integrated employment, and ensuring supports for preserving their natural and existing living arrangements to the fullest extent possible. This new HCBS program will be created through the concurrent operation of an 1115 Demonstration application, a waiver application under Section 1915(c) of the Social Security Act, and a State Plan Amendment application under Section 1915(i) of the Social Security Act.

The new program will be called the “Community Waiver” program and will initially enable the state to provide HCBS to 500 individuals with ID: approximately 25% of the current waiting list. This aligns with a core objective of the Medicaid program, to provide healthcare access and coverage to low-income Alabamians. Further, the Community Waiver program is specifically designed to enable the State to maximize the financial resources available in order to reduce the waiting list over time, more rapidly than would be possible without this new program.

The creation of the Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions, and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID in full compliance with the Medicaid HCBS Settings Rule promulgated by the Centers for Medicare and Medicaid Services (CMS) in March 2014. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

Additional information about the 1115 Demonstration Waiver and the two concurrent HCBS authorities can be found at:

[https://medicaid.alabama.gov/content/6.0\\_LTC\\_Waivers/6.1\\_HCBS\\_Waivers/6.1.9\\_Community\\_Waiver\\_Program.aspx](https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx)

The scope of work covered by this RFP is specific to the federal requirement for 1115 demonstration waivers to be independently evaluated. The scope of work shall include: (1) developing an evaluation design that meets CMS requirements<sup>1</sup> and garners CMS approval; ; (2) leading implementation of five-year evaluation based on design approved by CMS; (3) facilitating data collection and providing technical assistance/training to other parties providing and/or collecting data for the evaluation; (3) analyzing data to complete evaluation per design and prepare required evaluation reports; and (4) related activities necessary for full implementation of the evaluation design.

The evaluation design must ensure that appropriate hypotheses for evaluation of the 1115 demonstration waiver are devised and the following requirements are met:

- A. Details for evaluating each hypothesis to include:
  - a. Identification of process and outcome measures associated with each hypothesis;
  - b. Proposed measures associated with each hypothesis, selected from nationally-recognized sources and national measures sets where possible. Measures sets could include CMS's Core Set of Health Care Quality Measures for Children in Medicaid and Children's Health Insurance Plan, Consumer Assessment of Health Care Providers and Systems (CAHPS), the Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults and/or measures endorsed by National Quality Forum (NQF);
  - c. Measure specifications for non-standard measures and measure calculation methodology; and
  - d. Proposed baselines and comparison groups;
- B. Quantitative and qualitative research methodologies utilizing the prevailing standards of scientific evaluation and academic rigor, as appropriate and feasible for each aspect of the evaluation, including standards for the evaluation design, conduct, and interpretation and reporting of findings.
- C. A description of how the effects of the demonstration will be isolated from those other changes occurring in the state at the same time through the use of comparison or control groups, regarding significant aspects of the demonstration.
- D. A description of data sources and collection frequency;
- E. Utilization of the best available data;
- F. Identification of controls and adjustments for and reporting of the limitations of data and their effects on results;
- G. Discussion of the generalizability of results.

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<sup>1</sup> <https://www.medicaid.gov/medicaid/section-1115-demonstrations/1115-demonstration-monitoring-evaluation/1115-demonstration-state-monitoring-evaluation-resources/index.html>

**Key Hypotheses the state is proposing in its 1115 demonstration waiver application:**

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Effectively address the need to expand coverage and reduce, and eventually eliminate, the waiting list.	The Community Waiver program design will result in increased pace at which eligible individuals will be removed from the waiting list.	The average annual number of eligible individuals with ID enrolled from the waiting list during the ten-year period before the Community Waiver program compared to the average number annually thereafter, less those enrolled in either period as a result of new appropriations.	Enrollment data; program funding source data.	Compare historical annual enrollment from waiting list to annual enrollment from waiting list beginning on date of Community Waiver program opening.
Increase percentage of HCBS recipients able to sustain family and natural support living arrangements.	The Community Waiver program design will result in higher percentage of individuals served living with family or natural supports than in residential placements.	The percentage of enrollees in the Community Waiver program living with family or natural supports and living in residential placements compared to the same measures for the legacy waiver program.	Person-Centered Plans; service utilization and claims data.	Compare percentage of enrollees living with natural supports or living residential placements for Community Waiver program and Legacy Waiver program.
Increase percentage of HCBS recipients able to achieve/sustain independent living or supported living in settings that are not provider owned or controlled.	The Community Waiver program design will result in higher percentage of individuals living in independent or supported living settings not owned or controlled by providers than in the ID and LAH waivers.	The percentage of enrollees in the Community Waiver program receiving a type of residential supports and living in settings that are not provider owned or controlled as compared to the same percentage for the legacy waiver program.	Person-Centered Plans; service utilization and claims data; Individual Experience Assessments.	Compare percentage of enrollees in the Community Waiver program receiving a type of residential supports and living in settings that are not provider owned or controlled as compared to the same percentage for the legacy waiver program.

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Reduce incidence of crisis among individuals with ID known to ADMH/DDD.	Where the Community Waiver program operates, the annual number of crises among individuals with ID known to ADMH/DDD will be lower than in areas where the Community Waiver program does not operate.	Number of individuals enrolled in the Community Waiver program, or on waiting list and living in area where, the Community Waiver program operates, who experience a documented crisis in each waiver year as compared to same for legacy waiver program.	Criticality Assessments; Reserve Capacity Enrollments; Support Coordination and Case Manger Documentation	Compare annual number as percentage of total known to ADMH/DDD for Community Waiver and for legacy waiver program.
Prevent escalation of needs for individuals who do not currently require an institutional level of care.	At least 75% of Individuals who do not meet institutional level of care who are enrolled in the Community Waiver program will not progress to meeting institutional level of care.	Number of 1915(i) State Plan HCBS program enrollees who transition to the 1915(c) Community Waiver in each year, as a percentage of the total number enrolled in the 1915(i) State Plan HCBS program.	Disenrollment Data; Enrollment Data; Transitions Data.	Measure percentage of 1915(i) State Plan HCBS program enrollees who do not transition to the 1915(c) Community Waiver in each program year. Threshold for meeting goal is at least 75%, after excluding disenrollments for other reasons.
Increase the percentage of HCBS recipients who contribute to their community through participation in integrated competitive employment.	The Community Waiver program design will result in a higher percentage of working-age individuals (22-64) enrolled working in integrated competitive employment.	Number of enrollees in Community Waiver program and legacy waiver program, aged 22 to 64, who worked in integrated, competitive employment during at least one month of the waiver year.	Employment Outcome Data; Person-Centered Plans.	Compare number of enrollees in Community Waiver program and legacy waiver program, aged 22 to 64, who worked in integrated, competitive employment during at least one month of the waiver year.
Increase use of self-direction	The Community Waiver program design will result in higher utilization of self-direction by participants than in the ID and LAH waivers.	Percentage of enrollees in Community Waiver program and legacy waiver program who: (1) have services in their Plan of Care that can be self-directed; and (2) are utilizing self-direction for one or more services.	Plans of Care; FMS Enrollment Data	Compare percentage of enrollees in Community Waiver program and legacy waiver program who: (1) have services in their Plan of Care that can be self-directed; and (2) are utilizing self-direction for one or more services.

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Use of self-direction will result in higher wages and lower turnover among direct support providers.	The Community Waiver program design will result in self-direction workers with higher average wages and lower average turnover rates than direct support workers employed by provider agencies.	Average hourly wage and turnover rate for self-direction workers in the Community Waiver program in each program year with the average hourly wage and turnover rate for agency-employed direct support professionals providing the same service type during the same time period.	NCI Staff Stability Survey (with supplement); FMS Data	Comparison of average hourly wage and turnover rate for self-direction workers in the Community Waiver program with the average hourly wage and turnover rate for agency-employed direct support professionals providing the same service type.
Increase provider agency stability through incremental statewide roll out of program.	The Community Waiver program design will result in participating provider agencies reporting greater stability than prior to program implementation.	Self-reported rating by provider agency leadership on a standardized set of indicators of organizational stability.	Provider Survey	Pre-survey to establish baseline for providers participating in the Community Waiver program and annually re-administer survey to measure change over time in provider self-reported organizational stability.
Increase quality service delivery by limiting provider network.	The Community Waiver program design will result in higher performance by providers on service delivery quality measures as compared to providers operating only in the legacy waiver program.	Provider certification quality measures for like services that are provided in both the Community Waiver program and the legacy waiver program.	Certification Surveys	Comparison of providers only operating in legacy waiver program to providers who are operating in the Community Waiver program exclusively or in both programs. Comparison of provider certification quality measures for like services that are provided in both the Community Waiver program and the legacy waiver program.



Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Increase continuity of support coordination services	The Community Waiver program design will result in higher retention and lower turnover of support coordinators as compared to support coordinators in the legacy waiver program.	Average retention and turnover rates for support coordinators in the Community Waiver program in each program year with the average retention and turnover rates for support coordinators in the legacy waiver program during the same time period.	NCI Staff Stability Survey (with supplement).	Comparison of average retention and turnover rates for support coordinators in the Community Waiver program with the average retention and turnover rate for support coordinators in the legacy waiver program.
Increase in satisfaction rates concerned support coordination services among waiver enrollees and their families/guardians.	The Community Waiver program design will result in higher rates of satisfaction with support coordination services among Community Waiver Program enrollees and their families/guardians as compared to legacy waiver program enrollees and their families/guardians.	Average rates of satisfaction with support coordination services among Community Waiver Program enrollees and their families/guardians as compared to legacy waiver program enrollees and their families/guardians.	Waiver enrollee survey; family/guardian survey.	Comparison of average rates of satisfaction with support coordination services among Community Waiver Program enrollees and their families/guardians as compared to legacy waiver program enrollees and their families/guardians.
Increased incorporation of non-waiver supports and services in person-centered plans to address individual goals and outcomes.	The Community Waiver program design will result in higher incidence of non-waiver supports and services being identified and included in person-centered plans to address individual goals and outcomes as compared to person-centered plans for legacy waiver participants.	Prevalence of non-waiver supports and services being identified and included in person-centered plans to address individual goals and outcomes as compared to person-centered plans for legacy waiver participants.	Person-Centered Plans and Assessments	Comparison regarding prevalence of non-waiver supports and services being identified and included in person-centered plans to address individual goals and outcomes as compared to person-centered plans for legacy waiver participants.

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Increased utilization of the full range of services and supports available, consistent with individual goals and outcomes, and decreased utilization of unnecessary or inappropriate services, given individual goals and outcomes.	The Community Waiver Program design will result in increased utilization of the full range of services and supports available, consistent with individual goals and outcomes, and decreased utilization of unnecessary or inappropriate services, given individual goals and outcomes, as compared to the legacy waiver programs.	Prevalence of service utilization spanning the full range of services and supports available, consistent with individual goals and outcomes. Prevalence of utilization of services determined to be unnecessary or inappropriate, given individual goals and outcomes.	Person-Centered Plans and assessments; utilization and claims data.	Comparison of Community Waiver Program and legacy waiver programs with regard to utilization across the full range of services and supports available, consistent with individual goals and outcomes. Comparison of Community Waiver Program and legacy waiver programs with regard to decreased utilization of unnecessary or inappropriate services, given individual goals and outcomes.

### **Additional Information**

The evaluation design must be approved by the Centers for Medicare and Medicaid Services (CMS). It is anticipated the evaluation design will need to be submitted to CMS by no later than April 1, 2021. The selected Vendor must develop the evaluation design, assist the state with obtaining CMS approval and then implement the five-year evaluation, consistent with the approved evaluation design.

The selected Vendor must host conference calls regarding the project with ADMH staff throughout the development of the Evaluation Design. The calls will be bi-weekly, unless the selected Vendor and ADMH determine a different frequency is more appropriate.

The selected Vendor must provide the draft Evaluation Design to the Department designee for review and approval no later than March 1, 2021 unless timeline extended for submission to CMS, per the standard terms and conditions for the approved 1115 waiver. Approval of the 1115 waiver is expected from CMS no later than January 1, 2021.

Upon the parties' receipt of CMS' review and findings of the draft Evaluation Design, the selected Vendor must, in collaboration with the ADMH, review the CMS response and consult on needed design changes. The selected Vendor must develop a revised Evaluation Design for the Department's review, approval and resubmission to CMS within 30 days of receipt of CMS response to initial submission.

The selected Vendor must participate in conference calls with CMS as needed to answer questions CMS may have about the proposed Evaluation Design. The selected Vendor must consult with the Department and provide any further revisions as may be needed to ensure final CMS approval of the Evaluation Design.

The selected vendor will implement the evaluation, per the terms of the approved Evaluation Design. The selected Vendor must host conference calls regarding the implementation of the evaluation with ADMH staff. The calls will be quarterly, unless the selected Vendor and ADMH determine a different frequency is more appropriate.

## SECTION III

### A. Proposal Content

#### **Instructions must be followed or responses will not be graded.**

Each proposal is to contain specific responses to each of the following requests and respondents are encouraged to respond fully to each inquiry, but to be as concise as possible. Submit the response to each item with the item reproduced at the top of the page(s) of the response.

1. Submit a cover letter summarizing your proposal. Limit the cover letter to no more than one page.
2. Attach the Vendor Contact Page.
3. A Table of Contents of the submitted information.
4. Attach vendor information to include:
  - a. Statement of the vendor's mission, philosophy, and purpose.
  - b. Documentation of vendor's current qualifications including how the vendor meets the minimum qualifications described in this RFP and how the vendor may meet one or more of the preferred vendor qualifications described in this RFP
5. Details on the leadership of the vendor including, as applicable, the board of directors, owners, and operational leadership team
  - a. Documentation of any accolades or awards bestowed upon the vendor in recognition previous work or work products.
  - b. Description of the vendor's financial position (attach most recently completed audited financial statements).
6. Description of knowledge and previous experience relevant to the Scope of Work described in this RFP
  - a. Training or qualifications that the vendor's staff have relevant to the Scope of Work (attach resumes of key staff including Principal Investigator).
  - b. Include any information pertaining to the respondent's abilities to provide the scope of work for this RFP.
7. Include work products from current and/or former clients. \*  
\* Work products may be submitted as a separate document(s) but must be labeled Appendix 1, Appendix 2, etc. and must be listed on the Work Products page in the main document.
8. Tentative Start Up Plan
9. Budget proposal (FY 2021-FY2026 - October 1, 2020 to September 30, 2026)
  - a. A budget for the evaluation which will include, but not be limited to: the total estimated cost; a breakdown of estimated staff, administrative and other costs for all aspects of the project including but not limited to any survey and measurement development, quantitative and qualitative data collection and cleaning, analyses and report generation.
10. All pages should be numbered consecutively beginning with **number 1** after the cover letter.
11. Submit one (1) signed original, four (4) copies of your entire proposal, and one (1) electronic copy on a USB Flash Drive.
12. Clearly print on the outside of the envelope **RFP 2021-11 DD Evaluator.**

Your entire proposal must be received at the following address no later than **12:00 pm on Monday, September 14, 2020**. Please review the **mailing note**. All proposals received after the deadline will be deemed untimely and will not be reviewed. Emailed or faxed responses are not accepted.

**Submit RFP Responses To:**

AL Department of Mental Health  
Office of Contracts & Purchasing  
RSA Union Building  
100 N. Union Street, Suite 570  
Montgomery, AL 36104

The Department of Mental Health assumes no responsibility for expenses incurred in the preparation of the proposal and reserves the right to reject any and all proposals. Additionally, ADMH reserves the right to waive irregularities in any proposals and request clarification of any information and negotiate with proposal submitters to secure more favorable conditions.

**B. Evaluation Process**

ADMH will examine each proposal submitted and may elect to conduct interviews with finalists. The department expects a final selection on or before October 30, 2020.

**C. Selection Criteria**

Selection shall be based on factors to be developed by the procuring state entity, which shall include, but not be limited to, the following:

1. Vendor qualifications including any preferred vendor qualifications;
2. Vendor experience;
3. Vendor leadership;
4. Vendor ability to commit resources necessary to provide services;
5. Vendor's knowledge and understanding of the evaluation processes and tools
6. Relevant expertise, capabilities, technical competence, and/or any experience, training or qualifications that the vendors staff have relevant to the scope of work;
7. Work product samples;
8. Evidence of ability to undertake necessary steps to begin providing services in the **first quarter of FY2021.**

**D. Evaluation Criteria**

Proposals will be evaluated based on their responsiveness to the items contained in the content section of this Request for Proposal. It is expected that the review committee will rate responses according to the following ways:

1. Vendor's minimum and preferred qualifications and experience	25%
2. Vendor's leadership and ability to commit resources necessary to provide services.	15%
3. Vendor's knowledge and understanding of the services to be provided, relevant expertise, capabilities, technical competence, and/or any experience, training or qualifications that the vendor and/or vendor's staff have relevant to the Scope of Work.	40%
4. Work samples.	10%
5. Evidence of ability to undertake necessary steps to begin providing services in the <b>first quarter of FY2021.</b>	10%
<b>Total</b>	<b>100</b>

## SECTION IV

### **RFP 2021-11** DATES and DEADLINES

<b>Date</b>	<b>Item</b>	<b>Methods</b>
August 11, 2020	RFP Release	USPS, ADMH Website, and STAARs website
August 25, 2020 by 12:00 pm CST	Deadline to submit RFP questions or requests for clarification	Email to <a href="mailto:leola.rogers@mh.alabama.gov">leola.rogers@mh.alabama.gov</a>
August 31, 2020	RFP Q&A to be posted for review	ADMH website <a href="http://www.mh.alabama.gov">www.mh.alabama.gov</a>
September 14, 2020 12:00 pm	RFP Submissions: one (1) signed original, four (4) copies, and one (1) electronic copy on a USB Flash Drive.	USPS or FedEx or UPS (Review mailing note)
September 14, 2020 12:00 pm	RFP Closing Date	USPS or FedEx or UPS (Review mailing note)
October 20, 2020 Approximately	Notification of selection status	USPS (In writing)
<b>Submit RFP Responses To:</b> AL Department of Mental Health Office of Contracts & Purchasing RSA Union Building 100 N. Union Street, Suite 570 Montgomery, AL 36104		

## CONTACT PAGE

RFP 2021-11 DD Evaluator Services

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Agency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE:** Attach this page after the cover letter.